

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Martin J. Jacobs and
Piyush R. Patel

Group Art Unit: Not Assigned

Examiner: Not Assigned

For: MODAFINIL COMPOUND AND
CYCLODEXTRIN MIXTURES

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a



Utility Patent



Design Patent

is sought on the invention, whose title appears above, the specification of which:



is attached hereto.



was filed on _____ as Serial No. _____.



said application having been amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any **foreign application(s)** for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

10023441-121301

Priority	Country	Serial Number	Date Filed
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Claimed
(If X'd)

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Date Filed	Patented/Pending/Abandoned
_____	_____	
_____	_____	
_____	_____	
_____	_____	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Serial Number	Date Filed
<u>60/256,681</u>	<u>December 19, 2000</u>

I hereby appoint the following persons of the firm of **CEPHALON, INC.**, 145 Brandywine Parkway, West Chester, PA 19380, as attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Robert T. Hrubiec Reg. No. 36,392

Eric K. Voelk Reg. No. 45,185

Address all telephone calls and correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: <p style="text-align: center;">Martin J. Jacobs</p>	
Mailing Address: <p style="text-align: center;">1447 Patterson Lane West Chester, PA 19380</p>	<p style="text-align: center;">_____ Signature</p> <p>Date of Signature: _____</p>
City/State of Actual Residence: <p style="text-align: center;">West Chester, Pennsylvania</p>	<p>Citizenship: <u>United States</u></p>

10023441-131301

Name: Piyush R. Patel	<hr/> Signature Date of Signature: _____ Citizenship: <u>United States</u>
Mailing Address: 716 Scott Lane Wallingford, PA 19086	
City/State of Actual Residence: Wallingford, Pennsylvania	

Name:	Signature Date of Signature: Citizenship:
Mailing Address:	
City/State of Actual Residence:	

Name:	Signature Date of Signature: Citizenship:
Mailing Address:	
City/State of Actual Residence:	

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